

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Christopher P Murray MD

Mailing Address 11566 Snow Creek Ave

City

Las Vegas

State

NV

Zip Code

89135-1668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pokroy Medical Group of Nevada, Ltd.

Occupation

Pediatric Hospitalist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

Transaction ID : A1ED46302EE7B4C69AC9

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Ronald A Naglie MD

Mailing Address 25135 Stageline Dr

City

Laguna Hills

State

CA

Zip Code

92653-5883

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatrix Medical Group of California,

Occupation

Corp Med Director NICU

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

Transaction ID : AEE3F24C4F8164101950

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Vijay Nama MD

Mailing Address 3101 Kennison Court

City

Plano

State

TX

Zip Code

75093-3451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatrix Medical Services, Inc.

Occupation

Corp Med Director NICU

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

Transaction ID : AC6B5BD5E21B04E98988

Amount of Each Receipt this Period

416.00

SUBTOTAL of Receipts This Page (optional)..... ►

591.00

TOTAL This Period (last page this line number only)..... ►